

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000064

1. Entity Name

DUNSON FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

4 TWIN LANE
WINTER HAVEN FL 33882

PO BOX 589
WINTER HAVEN FL 33882
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2022866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNSON, EVA E
4 TWIN LANE
WINTER HAVEN FL 33880

Name

Leslie W. Dunson, Jr.

Street Address (P.O. Box Number is Not Acceptable)

129 Lake Florence Drive, North

City

Winter Haven

FL

Zip Code

33880

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Leslie W. Dunson, Jr.

06-12 -2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DUNSON, EVA E
4 TWIN LANE
WINTER HAVEN FL 33880

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

\$ 526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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****579.00 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Leslie W. Dunson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LESLIE W. DUNSON, JR. 06/12/2001 (863) 324-9543

Date

Daytime Phone #

CR2E003 (11/00)

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FILED
01 JUN 14 PM 2:12

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE